

OFFICIAL

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: New York

COLLECTION OF ADDITIONAL REGISTRY INFORMATION

New York State Nursing Home Nurse Aide Registry information included on the registry in addition to the information required by 42 CFR 483.156(c)

Maiden name and other surnames used (ASI)

Address of nurse aide when certified/recertified

Date of Birth

Social Security Number

Name/Date of state approved training and competency programs successfully completed

Certification number of nurse aide

Most recent recertification date of nurse aide

(Nursing home employer at time of certification/recertification

Date of conviction(s), for patient abuse, neglect, mistreatment of patients, or misappropriation of resident property, if any.

92-05 1
TN No. _____
Superseded by _____
TN No. **New** Approval Date APR 19 1992 Effective Date JAN 1 1992

HCFA ID: